



**Parks Rx Program
Scholarship Application**



Child Name: _____ Child Date of Birth: _____

Parent Name: _____ Parent Date of Birth: _____

Address: _____
Street City State Zip

Phone Number: _____ Email Address: _____

School Child attends: _____

Program Title	Program Dates/Session
1 st choice:	
2 nd choice:	
3 rd choice:	

***Application is due minimum of 1 week prior to the start date of the program. Limited funds available – apply early. * This is your program registration. Please do not register on-line.**

*Proof of financial need (Forward or SNAP card)

*One scholarship per child, per season

*All scholarship determinations are final. Scholarships awarded in the order of applications received

*Parents/guardians will be asked to pay 50% of the resident fee-additional non-resident fee will apply if applicable payable to the Green Bay Park & Rec. Dept. The remainder will be covered by scholarship funds depending on availability

Bring completed application with payment to:
Green Bay Parks, Recreation and Forestry Office
100 North Jefferson Street
Room 510
Green Bay, WI 54301

Office Use Only

____ Forward Card Shown
____ SNAP Card Shown
____ Staff Initials

